

PUBLIC EMPLOYMENT RELATIONS COMMISSION

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PUBLIC EMPLOYMENT
RELATIONS COMMISSION**PETITION FOR INVESTIGATION OF
QUESTION CONCERNING REPRESENTATION****[] Amended Petition in Case _____ -E- _____ - _____**

Instructions: See other side of this form:

Applicable Rules: Chapter 10-08, 391-08 and 391-25 WAC.

The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

1. EMPLOYER Kitsap County

CONTACT PERSON Bert Furuta, Director of Personal and Human Services

ADDRESS 614 Division Street, MS-23

CITY/STATE Port Orchard, WA ZIP 98366

TELEPHONE 360-337-7185 EXT. FAX 360-337-7187

ATTORNEY or Jacquelyn Aufderheide, Civil/Child Support Chief

OF REPRESENTATIVE

ADDRESS 614 Division Street, MS-35A

CITY/STATE Port Orchard, WA ZIP 98366

TELEPHONE 360-337-4973 EXT. FAX

2. PETITIONER Washington State Council of County and City Employees, Council 2

CONTACT PERSON Bill Keenan, Director of Organizing

ADDRESS P.O. Box 750

CITY/STATE Everett, WA ZIP 98206-0750

TELEPHONE 425-303-8818 EXT. 227 FAX 4253038906

ATTORNEY or Audrey Eide

REPRESENTATIVE General Counsel

ADDRESS P.O. Box 750

CITY/STATE Everett, WA ZIP 98206-0750

TELEPHONE 425-3038818 EXT. 229 FAX 4253038906

3. INCUMBENT BARGAINING REPRESENTATIVE Indicate:☒ (x) The employees involved are not currently represented for bargaining; or☐ [] The employees involved are currently represented by:

ORGANIZATION

CONTACT PERSON

ADDRESS

CITY/STATE ZIP

TELEPHONE EXT. FAX

ATTORNEY or

REPRESENTATIVE

ADDRESS

CITY/STATE ZIP

TELEPHONE EXT. FAX

4. COLLECTIVE BARGAINING AGREEMENT Indicate:☒ [x] There has never been an agreement covering the employees involved; or☐ [] A copy of the current (most recent) agreement is attached.**5. SHOWING OF INTEREST** A petition filed by an organization or employees must be accompanied by a showing of interest showing that the petitioner has the support of 30% or more of the employees in the bargaining unit.**6. BARGAINING UNIT****a. EMPLOYER'S PRINCIPAL BUSINESS**
County Government**b. DEPARTMENT OR DIVISION INVOLVED**
Juvenile**c. DESCRIPTION OF BARGAINING UNIT** Indicate inclusions/exclusions, contract page or case/decision number:**Inclusion of unrepresented employees to have a group of employees added to an existing bargaining unit as described in WAC 391-25-440.****New classifications;** All Case Monitors and Program Specialist.**Existing Unit;** All employees of the Kitsap County Juvenile Department in the following classes; Court Services Officers, Probation Officers and Drug and Alcohol Counselors excluding supervisors, confidential employees and all other Juvenile Department employees.**d. NUMBER OF EMPLOYEES IN BARGAINING UNIT** 4**6. DESIGNATION OF REQUEST Indicate one:**☒ [x] **RECOGNITION REQUEST.** The petitioner claims to represent a majority of the employees involved, and requests certification as exclusive bargaining representative of the bargaining unit.☐ [] **CHANGE IN REPRESENTATIVE.** The employees in the bargaining unit desire to change their designation of exclusive bargaining representative, and to designate the petitioner as their exclusive bargaining representative.☐ [] **DECERTIFICATION.** The employees in the bargaining unit no longer desire to be represented by any employee organization.☐ [] **EMPLOYER PETITION – DEMAND FOR RECOGNITION.** The employer has been presented with one or more demands for recognition (per attached documentation), and requests a determination by the Commission.☐ [] **EMPLOYER PETITION – INCUMBENCY QUESTIONED.** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.**8. OTHER RELEVANT FACTS Indicate, if applicable:**☐ [] Additional information is set forth on separate sheets attached to this petition form.**9. AUTHORIZED SIGNATURE FOR PETITIONER**

NAME (PRINT) Bill Keenan

SIGNATURE

TITLE

Director of Organizing

DATE 8-7-13